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70223

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

1	Total Number of Vehicles	Local No./ District 598	Agency Case No. B5-107391	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1	
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y 11/17/2015		S M T W TH F S <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (In Military Time)		STATE USE ONLY 11/17/2015	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	TIME OF ACCIDENT 1810	POLICE NOTIFIED 1811		
B	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. S 27th St/A-B St		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO		
C	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.			
D	IF AT INTERSECTION						IF NOT AT INTERSECTION
1	NAME OF INTERSECTING ROADWAY			<input checked="" type="radio"/> FEET <input type="radio"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING	
V1/M	108.00 X A St						
V2/M	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN						
E	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO		
2	VEHICLE NO. 1						
F	DRIVER LICENSE NO.	H13667542			STATE (Of License)	NE	
V1/N	DRIVER	EH TAW BO			PHONE	4025606299	
V2/N	DRIVER ADDRESS	1010 C ST APT 5, LINCOLN, NE 68502			DATE OF BIRTH (MM / DD / YYYY)	12/02/1997	
G	OWNER	TA H WEE			PHONE	3086022062	
6	OWNER ADDRESS	1010 C ST #5, LINCOLN, NE 68502			CITATION <input checked="" type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO	CITATION NO. LB497853	
H	LICENSE PLATE	PA	NO.	TEL876	YEAR (Plate Expires)	2016	
V1/O	VEHICLE	2000	MAKE	Ford	MODEL	Mustang	
2	VEHICLE ID NO. (VIN)	1FAFP4047YF282216			COLOR	white	
V2/O	TOWED TO	1010 C St			TOWED BY	Capitol Towing	
I	VEHICLE NO. 2						
2	DRIVER LICENSE NO.				STATE (Of License)		
V1/P	DRIVER				PHONE		
V2/P	DRIVER ADDRESS				DATE OF BIRTH (MM / DD / YYYY)		
J	OWNER				PHONE		
01	OWNER ADDRESS				CITATION <input type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO	CITATION NO.	
V1/Q	LICENSE PLATE	NO.	YEAR	MAKE	MODEL	BODY STYLE	
V2/Q	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR	
K	VEHICLE ID NO. (VIN)				INSURANCE COMPANY	ESTIMATED DAMAGE	
01	TOWED TO				TOWED BY	POLICY NO.	
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						DATE OF BIRTH (MM / DD / YYYY)	
VEH. #	NAME	ADDRESS			1 Seat Position	2 Eject	
	LOCAL NO.	MEDICAL FACILITY NAME			3 Body Region	4 Injury Sev.	
		EMS SERVICE NAME			5 Trans.	SEX M F	
VEH. #	NAME	ADDRESS					
	LOCAL NO.	MEDICAL FACILITY NAME					
		EMS SERVICE NAME					
VEH. #	NAME	ADDRESS					
	LOCAL NO.	MEDICAL FACILITY NAME					
		EMS SERVICE NAME					

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-107391



Indicate
North
by Arrow



Not To Scale

Measurements not exact

POI with Light Pole

108 ft N of N curb A St
5 ft E of E curb S 27th St

31ft

27th Street

63ft

'A' Street

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Driver 1 stated he was facing EB on A St waiting to turn left to travel NB on S 27th St. Driver 1 stated the traffic light turned yellow and traffic was slowing down, so he accelerated through the intersection to beat the light. Driver 1 said as he turned, the back end of the vehicle started sliding. Driver 1 said he attempted to correct the vehicle, swerved to the right, hit the curb on the east side of S 27th St and the drivers side of the vehicle collided with the light pole.

Driver 1 was cited/released for Negligent Driving.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE
	Light pole damaged	Lincoln Electrical System	1040 O St, Lincoln, NE 68508	4024754211	\$ 1000
WITNESSES	NAME	ADDRESS	PHONE		
	NAME	ADDRESS	PHONE		

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA				AIRBAG DEPLOYED VEHICLE 1				RESTRAINT USE VEHICLE 1				TOTAL OCCUPANTS				
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME				(Enter numbers for each vehicle)											
1	X				S 27th St								1							
2													2							
1	01				06 Turning left				07				1				Y			
2					08 Entering traffic lane				07				2				N			
					01 Essentially straight ahead				00 None				1				None used - vehicle occupant			
					02 Backing				09 Top & windows				2				Lap & shoulder belt used			
					03 Changing lanes				10 Undercarriage				3				Shoulder belt only used			
					04 Overtaking/ Passing				11 Total (all areas)				4				Lap belt only used			
					05 Turning right				12 Other				5				Child safety seat used			
					13 Unknown				08				6				Child booster seat used			
									09				7				DOT approved helmet used			
									10				8				Costume helmet used			
									11				9				Restraint use unknown			
									12											

OFFICER NO.	TROOP/ TEAM/ BEAT	DEPARTMENT	INVESTIGATOR SIGNATURE	DATE OF REPORT
1725	11	Lincoln Police Department	Approved by Ofc Alessandra Welch	11/17/2015

Investigator Name (Print or Type): Alessandra Welch

Photographs taken? ☒ YES ☐ NO